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The Voices of Stakeholders in California

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Services

Environmental Health Investigations
Branch

CEHTP Statewide Needs Assessment

Purpose:

- To assess capacity, resources, gaps, barriers, and priorities in local health and environmental health agencies, non-governmental organizations, and tribes for implementing, utilizing, and participating in an Environmental Health Tracking Network.

Components:

- Phase 1: self-administered surveys of NGOs and Local Agencies
- Phase 2: in-depth interviews/focus groups
- Tribal needs assessment
- Secondary data review

Phase 1: Self-administered survey questionnaires

Issues/needs sought in the questionnaire:

- **Priority hazards, exposures, and health effects and other environmental health issues/concerns**
- **Training and capacity building**
- **Utilizing, accessing, analyzing, and collecting data**
- **Communicating environmental health information**

Who Responded?

- 29 NGOs
- 17 Local Health Agencies
- 13 Local Environmental Health Agencies



Focus Areas

NGOs are engaged in:

- Public education/
outreach/advocacy
- Building
partnerships/
coalitions
- Accessing data
- Analyzing and
interpreting data

Local agencies are engaged in:

- Public education/
outreach/advocacy
- Building
partnerships/coalitions
- Risk communication
- Environmental
hazard/exposure
assessments

Capacity Building and Training

Priority Focus Areas:

- Public education/outreach/advocacy
- Building/fostering partnerships/coalitions

Strong Capacity:

- Public education/outreach/advocacy
- Building/fostering partnerships/coalitions
- Regulation/public policy development
- Risk communication

Priority for Training:

- Public education/outreach/advocacy
- Interpreting/analyzing data
- GIS mapping/spatial statistics

The Center for California Health Workforce Studies at the University of California, San Francisco: a Snapshot of California's Local Pubic Health Departments

Main Issues of Concern n=59	Number	Percent
Financial/Budget Cuts/Public Resources	26	44%
Indigent Care/Uninsured/Immigrants	11	19%
Welfare Reform	10	17%
Managed Care	7	12%
Integration with Other Agencies	4	7%
Information Technology Updated	4	7%
Community Support	4	7%
Lack of Adequate Personnel	4	7%
Distribution / Access to Care	4	7%
Physical Health	3	5%
Less Patient Care: Advocacy / Surveillance	3	5%
Unfunded Mandates	3	5%
Evaluation of Community Outcomes	3	5%
Urban Mandate Mismatch with Rural Area Needs / Being Rural	3	5%
Environmental Health	2	3%

The Center for California Health Workforce Studies at the University of California, San Francisco: a Snapshot of California's Local Pubic Health Departments

Mental Health	2	3%
Strategic Planning	2	3%
Teen Pregnancy	2	3%
Core Public Health Functions	2	3%
TB Control	2	3%
Apathy of Elected Officials	1	2%
Inpatient: Ambulatory	1	2%
Subjugating Role of Health Officer	1	2%
Substance Abuse Money Cuts	1	2%
Toxic Impacts of Pesticide Waste	1	2%
Hazardous Materials	1	2%
Transformation of Public Health	1	2%
Data on Health Status	1	2%
Categorical Funding	1	2%
Population Growth	1	2%
Capital Improvement	1	2%

Frequently Asked of Respondents

Frequently asked of respondents:

- Basic information on environmental health

Frequently asked of NGOs:

- Data on environmental hazards/exposures

Frequently asked of local agencies:

- Data on health effects

Respondents are most able to provide:

- Basic information on environmental health
- Assistance in utilizing data for action

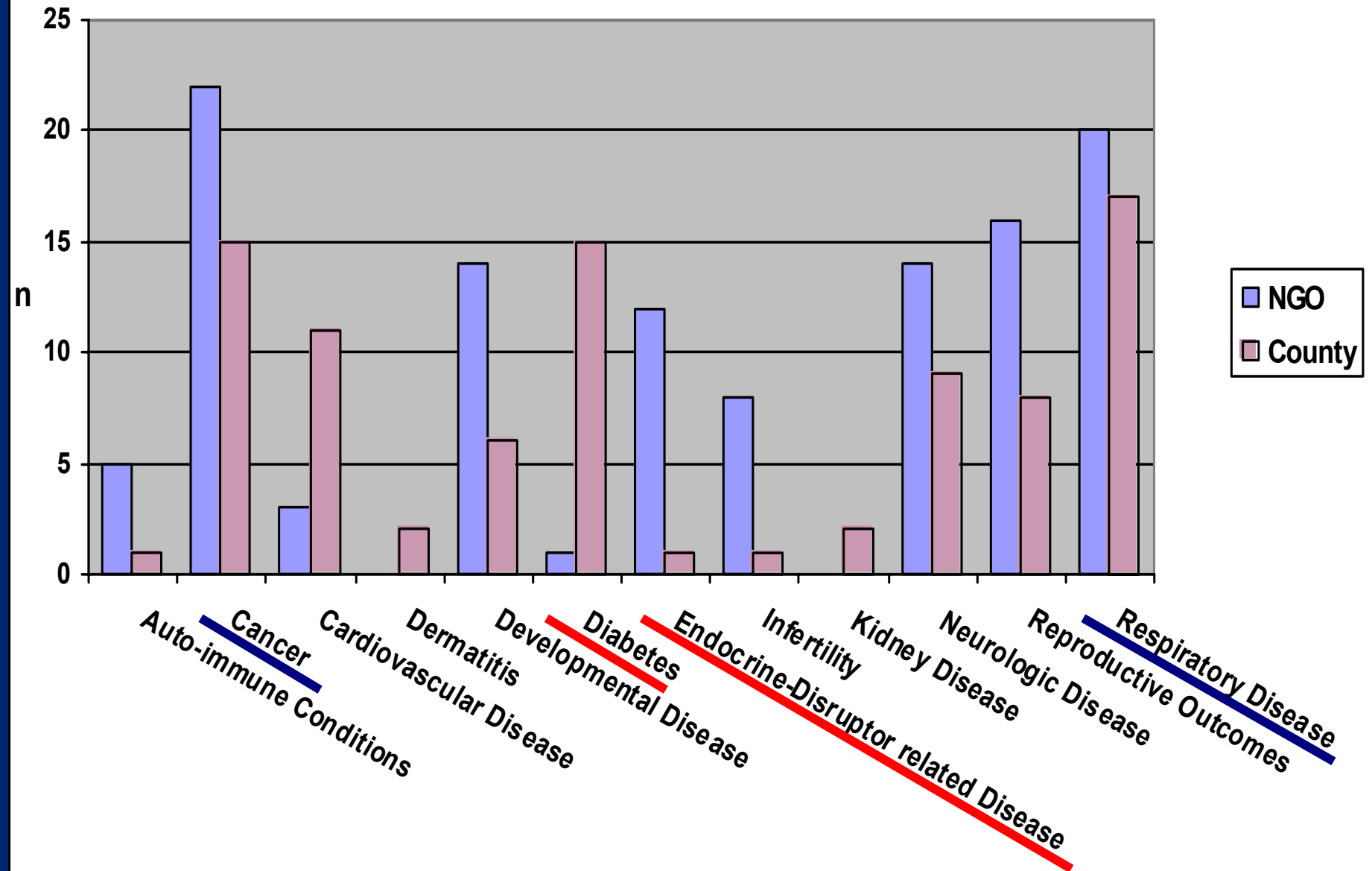
Respondents are least able to provide:

- Assistance in collecting community data
- Assistance in conduction community-based research/studies

Frequently Asked by Whom

- General public/community members
- Non-governmental organizations
- Public agencies
- Media

Priority Health Effects



Listed as one of the top three Priority Health Effects

Non-governmental organizations

- Respiratory disease x18
- Cancer x14
- Reproductive outcomes x10
- Developmental disabilities x8
- Neurologic disease x7

Local Agencies

- Respiratory disease x13
- Cancer x13
- Diabetes x9
- Cardiovascular disease x5

California Biomonitoring Project Needs Assessment: Report to the Advisory Committee

- Toxic substances of concern
- Health conditions of concern
- Exposure sources of concern
- Emerging environmental health issues
- Local experience with biomonitoring
- Populations at particular risk of past or present exposure

Local Officials (N=26)

Resp disorders (100%)

Cancer (89%)

Heart disease (50%)

Devel. disabilities (31%)

Tribal and NGOs (N=32)

Cancer (75%)

Resp disorders (47%)

Devel. disabilities (34%)

Endocr. disorders (34%)

Pew Environmental Health Commission: America's Environmental Health Gap

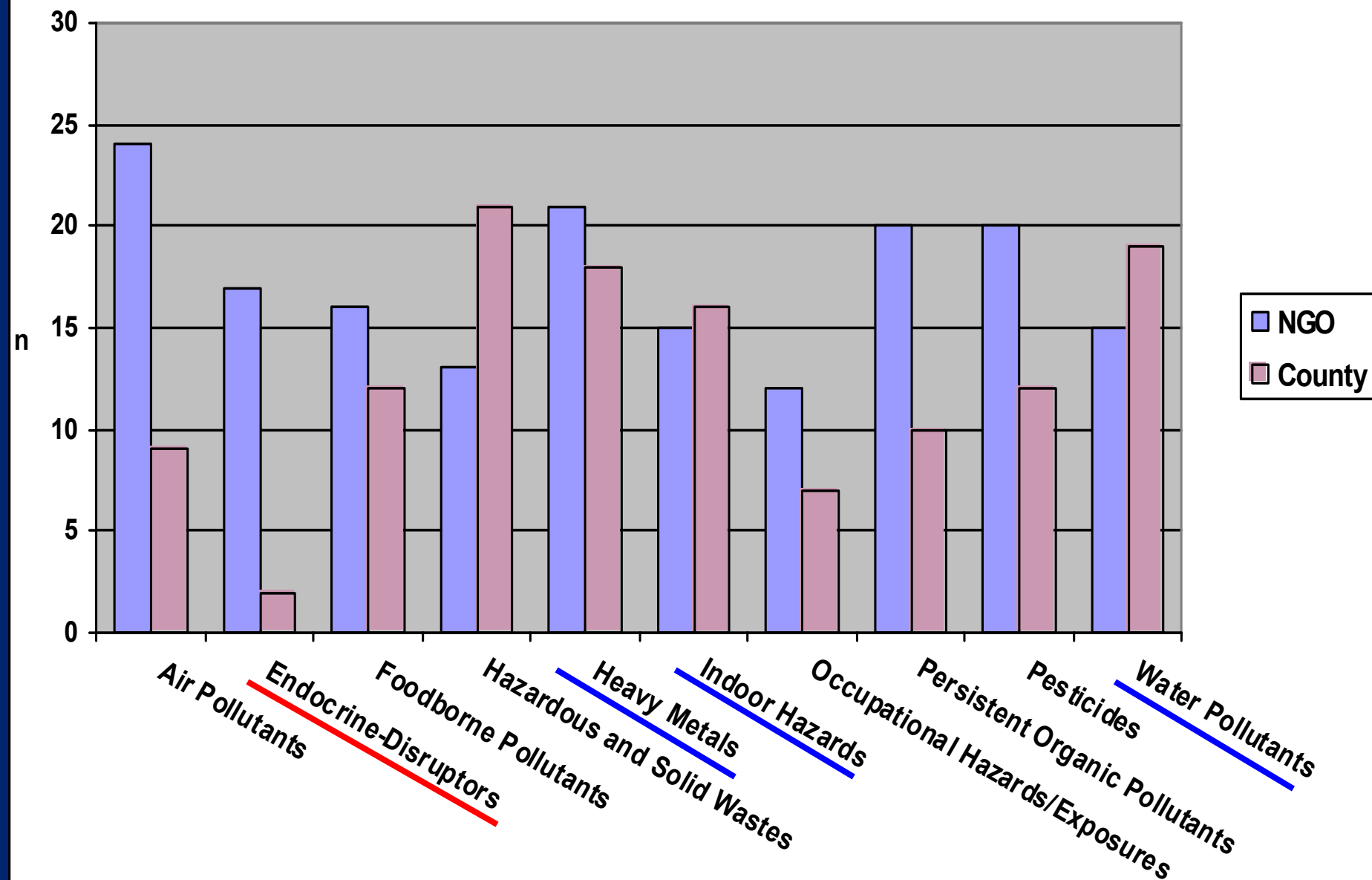
Priority Health Effects:

- Birth defects
- Developmental disabilities
- Respiratory disease
- Cancer
- Neurological diseases

Priority Hazards/Exposures

- Persistent organic pollutants (POPs)
- Heavy metals
- Pesticides
- Air pollution
- Water contamination

Priority Hazards/Exposures



Listed as one of the top three Priority Hazards/Exposures

Non-governmental organizations

- Air pollutants x14
- Pesticides x13
- Indoor hazards x11
- Persistent Organic Pollutants x9
- Heavy metals x8

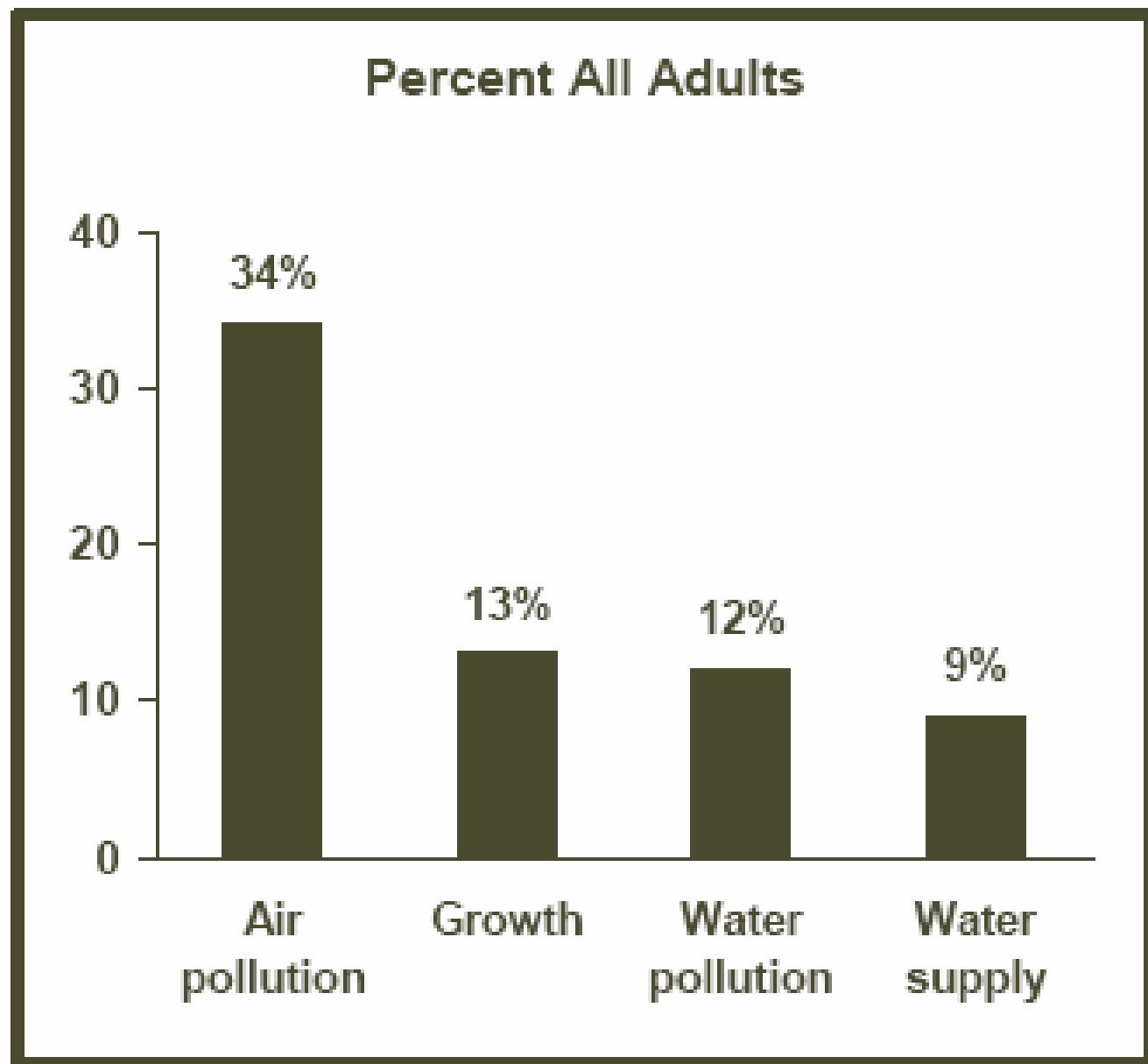
Local Agencies

- Water pollutants x16
- Hazardous & solid waste x14
- Indoor hazards x10
- Foodborne pollutants x8
- Pesticides x7

***Public Policy
Institute of
California
(PPIC)
Statewide
Survey:
Special
Survey on
Californians
and the
Environment***

June 2002

Top four environmental issues in California today



Health-Track – National Survey of Public Perceptions of Environmental Health Risks, California Component

IMPORTANCE OF ENVIRONMENTAL FACTORS IN CAUSING DISEASES

	<u>VERY SERIOUS</u>	<u>SOMEWHAT SERIOUS</u>	<u>SOMEWHAT MINOR</u>	<u>NOT A THREAT</u>
Air pollution	43%	34	14	8
Water pollution	50	27	11	10
Drinking water with harmful chemicals	53	24	11	9
Pesticides in the food people eat	42	30	16	10
Toxic waste	58	19	12	9

Children's Environmental Health Network: California Project Interim Findings

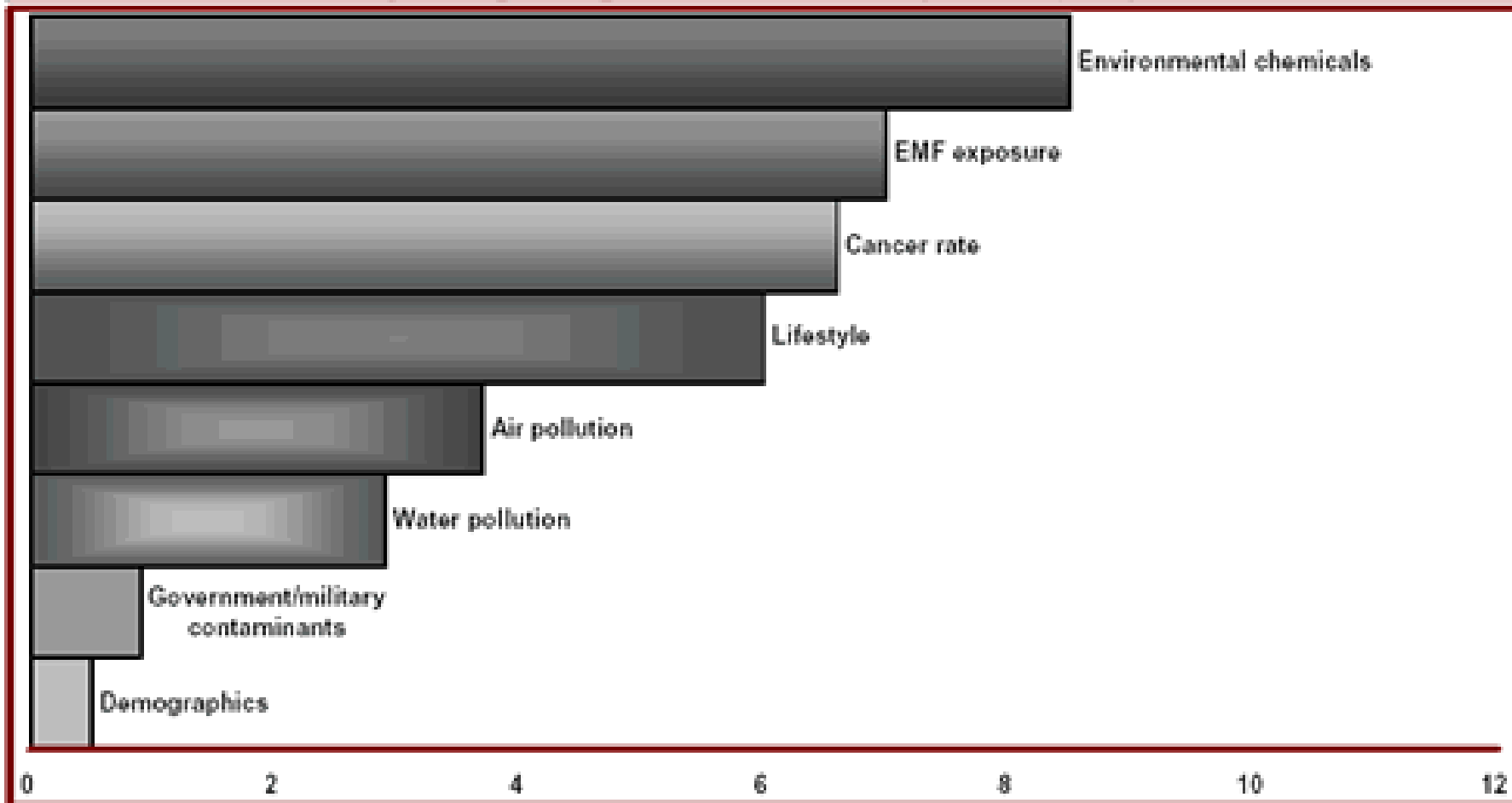
Air Quality

Practically all Californians interviewed expressed concern over air pollution emitted from mobile sources (cars, trucks, and buses), but additional concerns varied. In Southern California and the San Francisco Bay Area, leaders also attributed air pollution to industrial sources, whereas in Northern California and Central California, the main air pollution concerns were related to agriculture, such as rice burning and pesticide spraying.

Marin Cancer Project – Search for the Cause Survey Results

November 2002

Question 2: Does anything in your personal life or immediate neighborhood concern you regarding cancer in Marin? (% of 18,772)



Most Often Utilized Sources of Data

Health Effects Data Sources:

- **Local/Community generated data (e.g. community health surveys)**
- **California Health Interview Survey**
- **California Cancer Registry**
- **Vital Statistics – California Office of Health Information and Research**
- **Patient Discharge Database – California Office of Statewide Health Planning and Development**

Environmental Hazards/Exposures Data Sources:

- **Scorecard – Environmental Defense**
- **Toxic Release Inventory – US EPA**
- **National Toxics Inventory database – US EPA**
- **Other federal data sources (such as HUD E-Maps)**
- **California Integrated Waste Management Board databases**
- **GeoTracker (Groundwater Resources Information Database)**

How to Improve the Usefulness of Data

Data Accessibility:

- Awareness of where data and websites are.
- Easier navigation on websites and centralized access point.
- Technical assistance in accessing data.
- Provide data at no cost.
- Transportability between different file types.
- State should network their data together.

Data Quality:

- Improve geographic scale of data: need data by zip code or census tract or some other small area.
- Timely and up-to-date: not less than two years old.
- Compilation of statewide information and local "hotspots" or geographic abnormalities.
- Need to address severe validity and reliability problems.
- Better data by race/ethnicity, not just for major population groups.
- Larger samples in surveys.

How to Improve the Usefulness of Data

Data Accessibility:

**Coordinate,
Integrate, and
Centralize
Data**

Data Quality:

**Local, Local, Local
Level Data**

Public Health Foundation: Environmental Health Data Needs – Workshop Results

2.2 Information Barriers

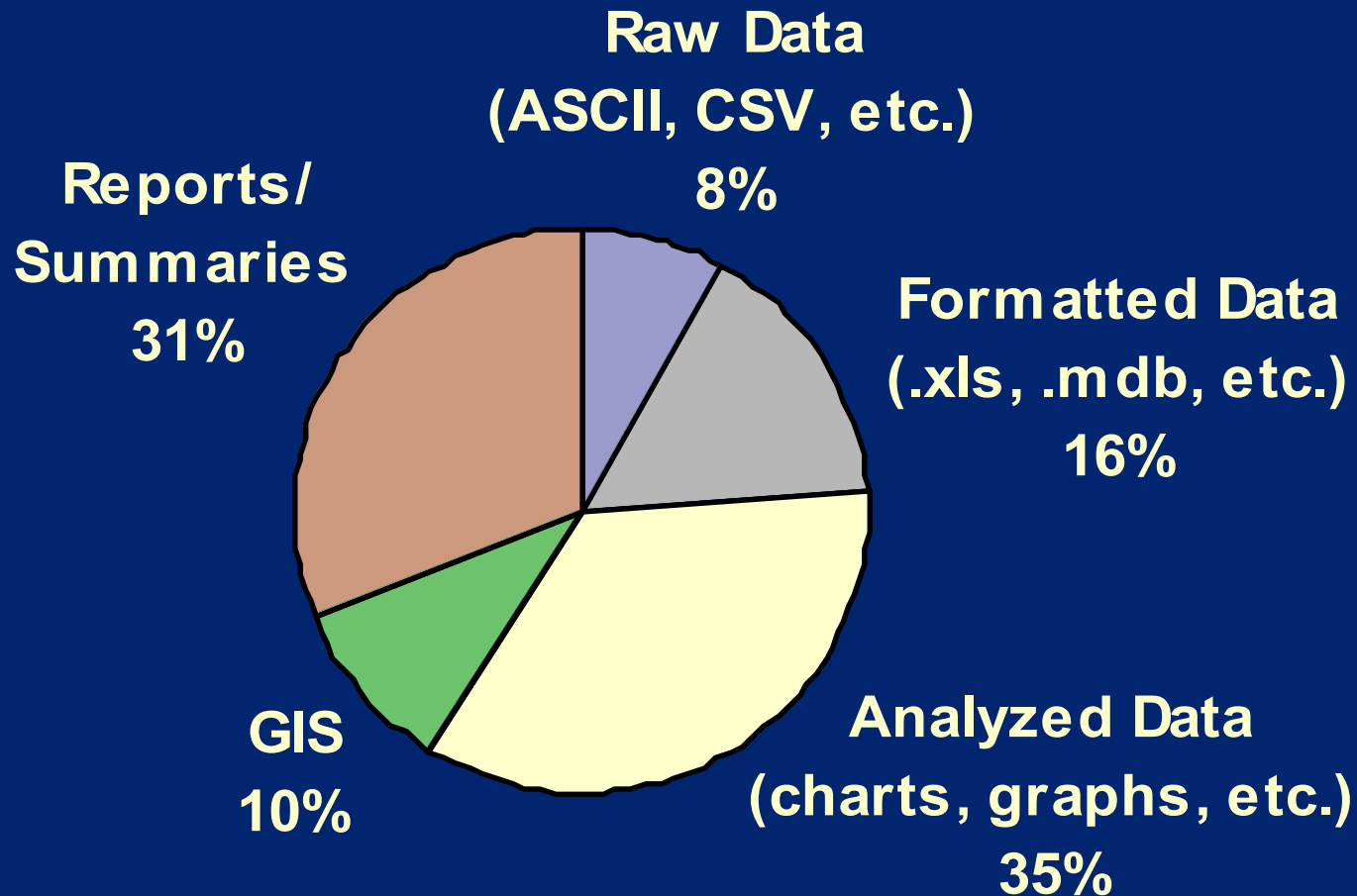
The fragmentation of environmental information systems has a direct impact on the ability to prevent illness and injury and to heal individuals and entire communities once they have been exposed to hazards. In many cases, there is an abundance of environmental health and related data that remains inaccessible, unlinked, or unusable. Data are generally collected and used for specific purposes, including regulatory compliance. Lack of networking and communication systems, lack of collaborating partnerships, inadequate training and personnel resources, and inconsistent quality often inhibit utilization of data. In general, barriers were grouped under four headings: managerial, administrative, technical, and socio-economic-political.

2.1 Information Needs

Workshop participants were asked to identify information needed by state and local public health practitioners to provide essential environmental health services to their respective populations. Three categories of needs were identified:

- 1) Raw data, and what is missing from current collection efforts
- 2) Conversion of raw data into useful information for decision making
- 3) Mechanisms for accessing and disseminating information

Preferred Data Formats



Examples of Activities Utilizing Environmental Health Data

Programs/Initiatives:

- Childhood lead prevention
- Environmental Justice

Assessment/Research

- Drinking water and groundwater contamination assessment
- Reports: *Fields of Poison: California Farm workers and Pesticides* and *Secondhand Pesticides*

Outreach and Education

- Community Asthma and clean air forums

Policy development

- Precautionary Principle advocacy, policy development, and implementation

Advocacy

- Advocate for renewable energy policies using air pollution and asthma data

Factors for Utilizing Environmental Health Data for Action

Quality of data

- Relevant, specific, valid, timely data.

Data availability and access

- Information about where to find data, the types of data contained, and how to access the data.
- Coordination, centralization, and integration of various data, including environmental and health data.

Resource/Capacity/Infrastructure

- Time, personnel, skills, and funding. GIS capacity. Hardware and software infrastructure.

Understanding/Interpreting data

- Non-technical summaries/reports of the data.
- Understanding the various uses for the data.

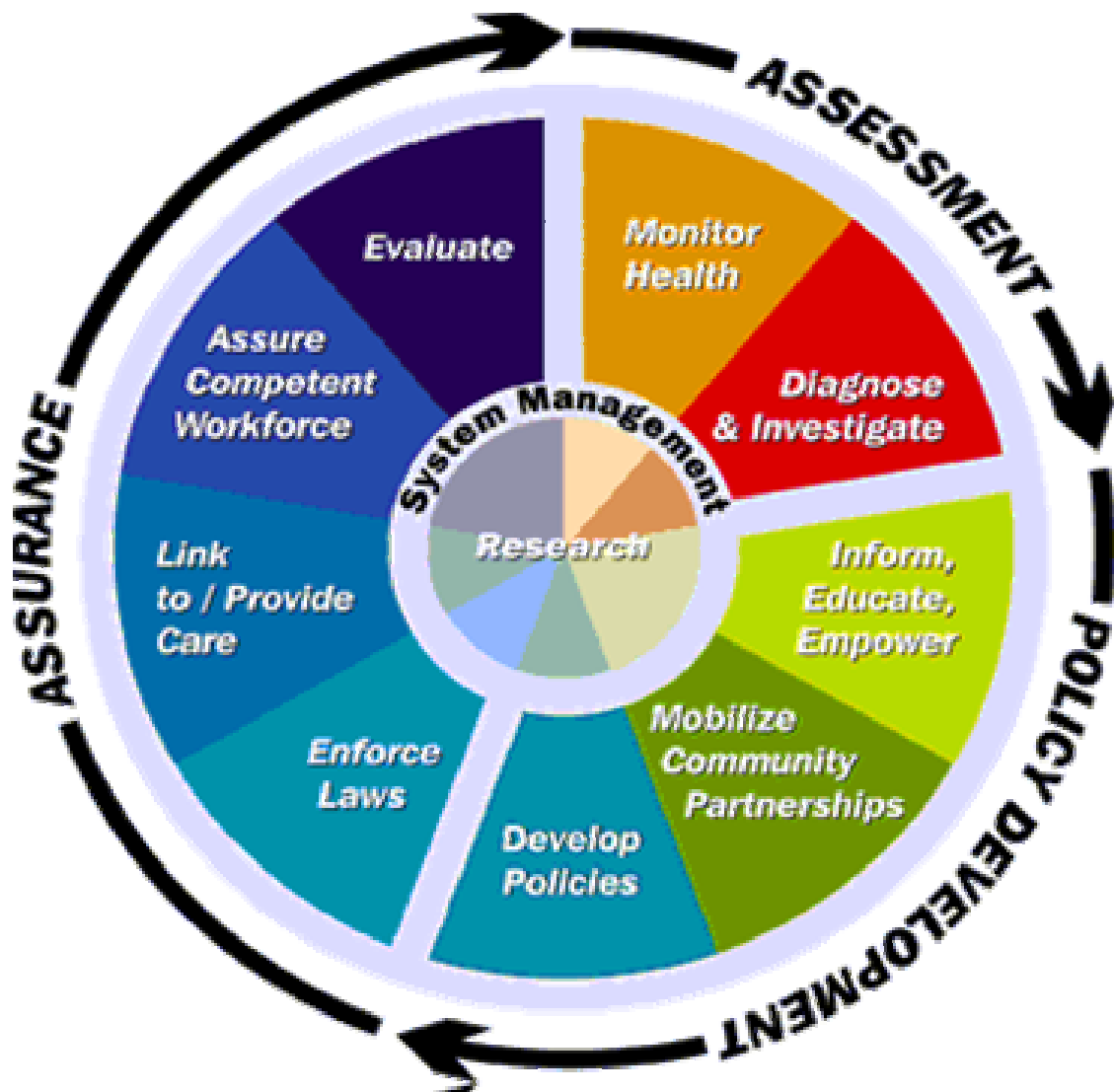
Other

- Information on the links between health and pollution.
- Easy ways to compare geographic areas.

Utility of Environmental Health Tracking

What would
environmental
health tracking
enable respondents
to do?

10 Essential Services of Public Health



*Public Health Functions Steering Committee.
Public Health in America. Fall 1994.*

Utility of Environmental Health Tracking

Monitor health status to identify community health problems

- Better track changes or improvements in air quality, especially toxics, and changes in the health status of residents.

Inform, educate, and empower people about health issues

- Educate families and clinical professionals as to exposure risks for prevention and knowledgeable decision-making.

Develop policies and plans

- Improve the competitiveness of grant applications by improving the access to data.

Utility of Environmental Health Tracking

- **SAVE THE PLANET!**
- Educate those living at the agricultural interface.
- Make correlations between pesticide use and public health and water quality.
- Educate communities about their rights and resources.

Factors for Accessing Data

Awareness/knowledge of data and data sources

Quality and format of data

- Need to put more **raw data** online.
- Updated information in **report format**.

Processes/procedures related to accessing data

- Coordination, consolidation and integration of health and environmental data.
- More robust query functions: for example, hospital discharge data by zip code, age, and by ICD instead of just by hospital.

Resources/capacity/infrastructure

Factors for Analyzing/Interpreting Data

Quality and format of data

- Lack of clear statements about limitations and assumptions. Out-of-date information. Data validity and reliability problems.

Data Access (acquiring data)

- Lack of state and federal networked information. Lack of summarized information.

Expertise/Competency/Technical Assistance

- Need for experts in GIS, SPSS, etc.
- Training/TA for those interested in the particular data you plan to collect.
- There are always idiosyncrasies of data sets that are important to understand before you can draw conclusions from them.

Resource/Capacity/Infrastructure

Factors for Collecting Data

Resource/capacity/infrastructure issues

Data collection processes/procedures

- Lack of coordination of databases. Various State agencies request data in different formats.

Scope/priority of the agency.

- The priority involves collecting data to meet reporting requirements.

Public Health Foundation: Measuring Health Objectives and Indicators – 1997 State and Local Capacity Survey

Top barriers to collecting or accessing data for objectives that are difficult to measure **(Santa Clara County)**

- **Multiple and/or incompatible data systems – 14**
- **Not enough resources to purchase data – 15**
- **Not enough staff to do the work – 12**
- **No data systems exists – 0**
- **Inadequate software – 9**

Public Health Foundation: Examining Data Sharing Among State Governmental Agencies

Leading Facilitators to Data Sharing

- Informal relationships between individual staff
- Formal linkages between agencies for the purposes of sharing data
- High-quality data

Leading Barriers to Data Sharing

- Lack of formal agreements between agencies for the purposes of data sharing
- Confidentiality and regulatory restrictions on data uses
- Poor quality and gaps in data
- Inability to recruit, train, and retain skilled staff

Conclusion

- Utility of Environmental Health Tracking depends on accessibility, quality, specificity, and consolidation/coordination/integration of data.
- Stakeholders are engaged in a range of activities that are critical for Environmental Health Tracking.
- Stakeholders are faced with limitations in resources, capacity, and infrastructure, especially when it comes to collecting, analyzing, and/or reporting data.
- If you build it, they will come. **There is tremendous potential for and interest in utilizing Environmental Health Tracking information.**

Key Differences

- **NGOs utilize data much more for advocacy.**
- **Local agencies are generally more involved in data collection and reporting.**
- **The perceived role in Environmental Health Tracking was least articulated by local environmental health agencies – their activities/initiatives are driven much more by regulations and mandates.**
- **Local agencies were generally more cautious and had more concerns about Environmental Health Tracking, including issues related to resources misuse/misinterpretation of data.**

Lessons Learned

- Phase 1 helped us to evaluate program communication activities and develop key messages
- Needs assessments are also opportunities for outreach/education
- Involving stakeholders at an early stage helped us to Identify and engage future partners/ collaborators
- There is a need to further engage stakeholders and build capacity through outreach/education and training

Next Steps

- Conduct in-depth interviews/focus groups with a sample number of respondents.
- Conduct a Tribal needs assessment.
- Compare survey findings with secondary data.
- Convene a CEHTP Outreach and Training Team.
- Utilize needs assessment findings to inform program activities.
- Collaborate with CDC, Centers of Excellence, ASTHO, and NACCHO in outreach and training activities.

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